CITY OF BELMONT APPLICATION FOR BUSINESS LICENSE

INSTRUCTIONS

- Complete Sections I, II, and III of this form.
 Calculate tax due and attach payment.
 Submit application to City of Belmont.



			. GENERAL	INFOR	MATI	ON			
Business Name:									
Business Address:	Stat	0.	Phone #: Zip Code:						
City: Mailing Address (if different	ent than a	above):							
City:Resale Permit #:					Sta	ate:	Zip Code:		_
Type of Ownership : Sole Proprietorship If Sole Proprietorship: Social Security #s: 1) If Partnership or Corporation: Federal Employer I.									
If Partnership or Corporati	on: Fede	ral Emplo	yer I.D. #:						
List Owners, Partners, C		Officers	: Name, Home	Addre	ss and	Phone Num	bers:		
1)			Litle				CA Drivers License	#	
Street Address	City		State			Code	Phone		
	,		State		کا ل	Code	FIIOII	3	
2)Name			Title				CA Drivers License	#	
Street Address	City		State		Zip	Code	Phone	9	
List Number of Employe	es: Fu	III Time		Part ⁻	īme				
, , , , , , , , , , , , , , , , , , ,									
			II. NATURE	OF BU	SINES	SS			
Describe the type of busin	ess:								
Is your business: Com							(Complete Secti	on B)	
SECTION A – COMMERC		•		-			-	,	
				(II Cor	nmerci	ai, compiete i	ne iollowing):		
Are you renting this busin				_					
If rented, name of property Address:						hone No ·			
How much space will		Т	otal number of			· · · · · · · · · · · · · · · · · · ·	of spaces		
your business occupy: on-site			n-site spaces:		reserved for your use:				
List the other businesses I	ocated o	n this prop	perty:						
-									
Are the premises vacant?				ow long:					
What business previously Name:				of husir	Dec.				
Do you have an alarm sy Alarm Company's Name:_									
Alarm Company's Address	3:								
Please list those person	s author	ized to be	e contacted in	the eve	nt of a	ın emergenc	y:		
1)Name	<u> </u>						Title		
	e Address						Phone		
2)Name					Title				
Home	e Address						Phone		
(This information is confidenti		he used o	nly in the event t	he Relmo	nt Polic	a Danartmant i		v conta	rt Ifanv
of this information should cha								y oorna	ot. II ally
Describe any painting, re	emodelir	ng, carpe	ntry, plumbing	q, electr	ical, oı	r mechanical	work to be per	formed	d or sig
you plan to install:							•		
Are you purchasing the	building	?: Yes	s No						
Do you plan to:			Weld	Voc	No				
Do you plan to:	Vaa			Yes					
Store or use chemicals	Yes		Woodwork	Yes	No	Otora la let	nilaa	Voc	Nic
Store or use flammable	V		Spray Paint	Yes	No	Store in hig		Yes	No
or combustible liquids	Yes	No	Cook	Yes	No	rapricate s	semiconductors	Yes	No

SECTION B – SPECIALIZED BUSINESSES (for BOTH Commercial AND Home-based):

If NONE of the below business classifications applies, go to Section 1.	ction III – Approvals.				
Solicitor Massage Establishment/Technician Complete Section III-Approvals and contact Police Department at (650) 595-7400	Real Estate Agent/Broker No. of agents/broke Coin-operated machines No. of machines Gas Station No. of pumps				
Contractor/Subcontractor (complete Section D)	Taxicab No. of cabs				
Rental of residential or commercial property (complete Secti	on C) Delivery truck No. of trucks				
SECTION C - RENTAL OF RESIDENTIAL OR COMMERCIAL	PROPERTY				
Addresses of Belmont Apartments Owned:					
1)					
2)					
3)	·				
Is property managed by someone other than owner(s)?: Yes Mgmt. Co. Name	 No If yes, please provide the following information: Principal Contact 				
SECTION D - CONTRACTOR/SUBCONTRACTOR					
CA Contractor's State License No:	Class:				
CALIFORNIA BUSINESS & PROFESSIONS CODE Division					
licensed under the provisions of this Chapter (Contractors License full force and effect, or, if the applicant is exempt from the provision Section 7033. Every citywhich requires the issuance of a busin Chapter (Contractors License Law), shall require that each license shall file, or have on file, with such city,a signed statement that this Chapter and stating that the license is in full force and effect, of this Chapter, he shall furnish proof of the facts which entitle him to the Contractor's Statement.	is of this Chapter, the basis of the alleged exemption. It is east license as a condition precedent to engaging, within this eand each applicant for issuance or renewal of such license such licensee of applicant is licensed under the provisions of r, if such licensee or applicant is exempt from the provision of such exemption. THAT HE IS LICENSED				
UNDER PROVISIONS OF CONTRACTORS LICEI Pursuant to the provisions of Section 7031-5 and 7033 of the Busin					
Name of Con					
Address of Co	прапу				
City, State and 2	îp Code				
Telephone	Corp.,LLC.,Partnership, LLP., Sole Prop.				
does hereby state that he (they) is (are) licensed under the pro Division 3 of the Business and Professions Code of the State of Ca					
And that the number of said State License is	and that said license is in full force and effect. The				
foregoing statements are declared to be true under penalty of perju					
Dated this Day of	, 20				
Signature	Title				
III. APPRO	VALS				
The issuance of a business license does not exempt you from requirements. Your business will be inspected by the Fire Department					
I, the undersigned, hereby agree to meet the requirements of the S forfeit my business license upon request from the Finance Department					
Applicant's Signature	Date				
BOXES BELOW FOR O	FICIAL USE ONLY				
	<u> </u>				
South County Fire Authority Approval	Community Development Department Approval				
Date	Date				